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23838 7590 02/27/2007 KENYON & KENYON LLP 1500 K STREET N.W. SUITE 700 WASHINGTON, DC 20005				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION N		CONFIRMATION NO.
08/973,293			ROBERT G. SCHWARTZ		13668-957701 6722		
TITLE OF INVENTIO	N: SECURE POSTAGE	PAYMENT SYSTEM AT	ND METHOD				
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ADDI M. TSVDE		r					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE 1	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO NO	\$1400	\$0	\$1240		<u>-\$1</u> 400-	05/29/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]		\$160	
DIXON, THOMAS A		3628	705-401000	_			
1. Change of correspond CFR 1.363).	dence address or indicatio	n of "Fee Address" (37	2. For printing on the			KENVON	& KENYON LLP
Change of correspondence address (or Change of Correspondent Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				W KENION LLP
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custo Number is required.			(2) the name of a single min (naving as a member a				
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PLEASE NOTE: Un	less an assignee is identi	fied below, no assignee	data will appear on the n	pe) satent Ifan assione	e is identi	fied below the de	nument has been filed for
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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Please check the appropr	riate assignee category or	categories (will not be pr	inted on the patent):	Individual Co	rporation o	or other private grou	p entity Government
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☐ Publication Fee (N	No small entity discount p	ermitted)	A check is enclosed. Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies 5			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
5. Change in Entity Sta	tus (from status indicated	above)	overpayment, to Depo	SIL Account Number	11-06	(enclose an	extra copy of this form).
a. Applicant claim	s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMAL	L ENTITY	status. See 37 CFI	R 1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requ records of the United Stat	ired) will not be accepted es Patent and Trademark	from anyone other than the Office.	he applicant; a regis	tered attori	ney or agent; or the	assignee or other party in
Authorized Signature	1/1	11 ()		Date April			
Typed or printed name Wesley W. Jones			Registration No. 56,552				
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